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**State of Ohio
Office of Community Development
Request for Payment and Status of Funds request**

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Submit To: Development Services Agency Office of Community Development P.O. Box 1001 Columbus, Ohio 43216-1001	Name and Address of Grantee: COLEMAN PROFESSIONAL SERVICES, INC. 5982 Rhodes Rd Kent, OH 44240	CDBG E.D.RLF Balance: \$ 0 CDBG Housing P.I.Balance:\$ 0 HOME Program Income Balance: \$ 0
Contact Person Information Name: Mary Dague Phone Number: (330) 676-8036 Email: mary.dague@colemanservices.org	Grant Number: S-Y-14-7GJ-1 Draw Number: 75	State Use Only Date: Voucher #: Warrant #:

Project Nbr	Project Name	Activity Nbr	Activity Name	Housing Site Address (If Applicable)	Site Number	Amount Requested (\$)	Approved Activity/Site Budget(\$)	Balance of Activity/Site Budget** (\$)
1	Housing Unit / Building	1	Operating Expenses / CHDO			6,566.00	52,500	0
2	Housing Unit / Building	1	Operating Expenses / CHDO			13,566.00	108,500	0

Total Amount of This Draw : 20,132 161,000 0		
Certification of Itemization of Expenditures: Two Authorized Signature Are Required		
I Certify that this request for Payment was drawn in accordance with the terms and conditions of the Grant Agreement(s) cited and that the amount drawn is proper for payment to the drawer's depository. I also certify that the data reported above is correct and that the amount of the request for Payment is not in excess of current needs.		
Date: 11/29/16	Signature: Linda S Wilson	Title: Director Billing-AK
Date: 11/29/16	CounterSignature: Mary B Sh	Title: BILLING OVER DRAWM
State Use Only: 11/29/16		
Approved:		